

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 21, 2016

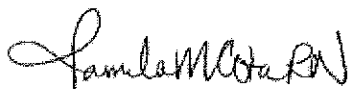
Ms. Jayne Placey, Administrator
Hill Street
201 Hill Street
Barre, VT 05641-3920

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 28, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HILL STREET

201 HILL STREET
BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

R100

An unannounced on-site survey was conducted on 9/28/16 to review a facility mandated self-report of alleged resident abuse. The following regulatory violation was cited.

R167 V. RESIDENT CARE AND HOME SERVICES
SS=D

R167

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and record review, the facility RN (Registered Nurse) failed to assure that there was a care plan to direct unlicensed staff in the administration of psychoactive medication that was ordered PRN (as needed) by the physician. This practice affected 1 of 2 residents in the targeted sample. (Resident #1). Findings include:

Per record review, Resident #1 had MD orders for

Please see attached.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

WSQ711

If continuation sheet 1 of 2

Jayne Placey

Coordinator/manager

10/14/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/28/2016
NAME OF PROVIDER OR SUPPLIER HILL STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 201 HILL STREET BARRE, VT 05641		
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R167	Continued From page 1 Lorazepam, 0.5 mg., 1 (tab) PO QHS (hour of sleep); and 1 (tab) PO PRN anxiety/aggression, 2 x per day. There was no PRN care plan for unlicensed staff to follow that included the required regulatory elements: a description of the specific behaviors the medication is intended to correct; informs of the circumstances that indicated the use of the medication; educates staff regarding the desired effects and potential adverse side effects to monitor for. The staff must also document the time, reason for and specific results of the medication use. The failure to develop the appropriate PRN psychoactive care plan was confirmed during discussions with the RN and the Administrator.	R167		

October 14, 2016

Plan of Correction for Hill St Facility from the unannounced on-site survey conducted on 9/28/16:

R167 The Hill St. RN Timothy Davis wrote up the necessary/required care plan the same day of investigation (9/28/16). The house RN will be sure all PRN's have the required care plans containing all necessary components per licensing regulations.

Just to clarify this deficiency; it states that it is on resident #1 [REDACTED], however the missing documentation was on resident #2. I'm sure it doesn't matter as the deficiency did occur, but wanted to ensure that I'm supplying you with accurate information.

Jayne Placey



R167 POC accepted 10/20/16 MBolt RN/PMC

10-10-10